Page 1 of 2

Оре	rator Project #	6/36/0	The second secon		Date Received	大名 [[[]	Notification #	
1.	Type of Notificat		e):	Original	Revised	Cancele	and the second of the second of the	
II.	Facility Descri	ption	Dt.			Cancere		
Addr	ling Name:	layer L	D+73					
City	ess: 901 D	raper	Ave			-		
Site I	Ke Hereau	`	Sta	te: NY	Zip Code: 123	O Cou	nty: Schenel	
Sile Lo	ocation: Sam	120						
Present	ng Size (square feet).	120,	000	# of F	loors: 3	Age in	Years: 40+	
1	- OH - HE 1			Prior I	Jse: Sahail			
III. I	S Ashestos Present	check one):	Demo O	rdered Demo	Renovation	Emergency Reno	vation Fire Train	
17.	S Asbestos Present: Facility Information	(CHECK OHE).	Yes	∐ No				
	Owner Name	Dranou	1 a fits	110				
	Address: 901	Doso	0 1 Nove	<u> </u>				
	ity: Bo He	gam	EL MAK		111			
C	ity: Potter	Contro		St	ate: N 7	Zip Code:	12306	
1	emoval Contractor		The state of the s	were him	ion LLC			
1	136	3790	LICI	2 1				
Con	tact: T. 1.	1		State	e: <u>N</u> 7	Zip Code:	12010	
1	11 100	-0		Telephone: (18 217 790	A Four	8 212 2902	
1	or Operator (uemo	nuon/general,):					
City	ress:							
Conts	ct:			State:		Zip Code:		
			T	elephone: ()	Fax:		
VI. Procedu	re, including analy y I and Category II	tical methods.	employed to d	etect the presen	ce of and to estimat	te the quantity of	RACM and	
l and	_		CM:					
	PLM +	IEM						
VII. Approxim	nate Amount of Ash	estos Materia	ls:		The state of the s	Hamilton was a series		
				Non-friable Asbestos Material		Non frights A	Non-friable Asbestos Material	
		RACM to be Removed			Removed		be Removed	
D' (II)					Category II	Category I	Category II	
THE RESERVE OF THE PERSON NAMED IN COLUMN	Pipes (linear feet)							
Surface Area (square feet)		9007			900 1/-			
	s (cubic feet)				1		-	
Facility Component						- 1	1	
THE RESERVE OF THE PARTY OF THE	ates Demolition or	Renovation:	Start: /o	11/11	Complete:	101.1.		
VIII. Scheduled D			Start: /o/	11/16	Complete:	.0/1//		
VIII. Scheduled D	ates Demolition or bestos Removal (M	M/DD/YY)	Start: 9/	27/16	Complete:	10/1/17		
VIII. Scheduled D	ates Demolition or		Start: /o/ Start: 9/ Wednesday	27//6 Thursday		.0/1//	Sunday	

Page 2 of 2

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:
XI. Description of work processing and an investigation of work processing an investigation of the inve
XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:
1000
wel wether
XII. Waste Transporter #1 Name: Λ + · · · · · · · · · · · · · · · · · ·
Add was (
Dox 181
Contact: State: NY Zip Code: [2196]
Waste Transporter #2 Telephone: (518) 788 6726
Name:
Address:
City: State: Zip Code:
Contact: Telephone: ()
XIII. Waste Disposal
Name: Alban County Condf. 1)
Address: Park La
City: State: NY Zip Code: 12265
Telephone: (CIV) 810 01
Semontion (complete item ATV only if this project is an Emergency Demo.)
1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: Title:
3. Authority of Order (Citation of Code):
4. Date of Order (MM/DD/YY): Date Ordered to Begin
XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation)
1. Dute and flour of the Emergency:
2. Description of the Sudden, Unexpected Event:
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.
XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes
crumbled, pulverized, or reduced to powder.
15456
XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the
Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.
1 / .1 4/
Signature of Owner/Operator Date Themse 124
Type of Frint Name and Title
XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.
Signature of Owner/Operator Date Type on Print New of Title
Signature of Owner/Operator 9/15/16 Thomas, Red Type or Print Name and Title

Page 1 of 2

Operator Project #	Postm	ark 💮	21 - 1,25 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	Date Received	HOTEL AND	Notification #			
I. Type of Notific	ation (check one):	THE RESERVE OF THE PERSON NAMED IN	Original	Revised	Cancele	April 1 and			
II. Facility Descri	a								
Building Name: Kireview Con Tu									
Address: SO P	Snordway					_			
City: WENTON	95	Stat	te: NY	NY Zip Code: 1220	County: Albany				
Site Location: Loca	ling dock		•			- Alang			
	J/00,000	3	# of Fl	nore:	Age in	Years: 50 +			
7010	. 7		Prior Us	se: Office.					
III. Type of Operation	(check one): D	emo O	rdered Demo	Renovation	Emergency Reno	vation Fire Training			
IV.	e. (check one).	Yes	☐ No		Bondy Itomo	, and I me Haming			
V. Facility Informati	on	CT							
Owner Name:	5 /	Center							
Address: 150	Broadway								
City: Menan Contact: Josh Removal Contractor Address: 4450	1 25		Sta	te: 17 4	Zip Code:	12204			
Permayal Cart	Jackson	10	Telephone:	18 37433	66 Fax:				
Address Van Za	r Name: Cay	oital	Demo litu	in LLC					
	2 2 7 7 0		7 (1)						
City: Amste	1 dam		State:	NY	Zip Code:	12010			
	<u></u>		Telephone: (8 217 790	A Dame	8 212 2902			
o the operator (dem	ondon/general): _								
1144.005.									
City:			State: _		Zip Code:				
	l elephone: (
VI. Procedure, including anal	vtical methods, em	ployed to d	etect the presenc	e of and to estimat	e the quantity of	PACM and			
		:			c the quantity of	NACIVI and			
PLM +	TEM								
VII. Approximate Amount of As	sbestos Materials:	The second second							
	T		Non frights A	al a Maria	T				
1	RACM to be	RACM to be Removed		Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
				Category II	Category I	Category II			
Pipes (linear feet)	492		Category I	guy.	Category 1	Category II			
Surface Area (square feet)									
Facility Components (cubic feet)		1							
VIII. Scheduled Dates Demolition of	r Renovation:	Start: 9/2	29/11	Complete:	10/0 12				
IX. Dates for Asbestos Removal ()	MM/DD/YY)	Start: Q 1	20/16	Complete	10/28/16				
Days of the Week: Monday		Start: 9/2			10/28/16				
Hours of Operation: 7-330	Aucouay	Wednesday	Thursday	Friday	Saturday	Sunday			
11-370 +				 > 	\times	×			

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X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demo or renovation techniques to be used and description of affected facility components:	lition
ICR 56 wetnetlodg AB 30HA ISANOSHA	
XI. Description of work practices and engineering controls to be made	
o procedures.	
ICRS6 wet methods	
XII. Waste Transporter #1	-
Name: Action wast	
Address: Box 181	
City: West Sand I ake State: State:	_
Contact: Diane Rich Telephone: Cre 72146	\dashv
Waste Transporter #2	1
Name:	-
Address:	-
City: State: Zip Code:	-
Telephone: ()	1
XIII. Waste Disposal	-
Name: Albany County Candfill	
Address: Rapp 12	
City: State: NY Zip Code: 12265	
Telephone: (Cas) Telephone	
XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice.	
2. Name of Authority Issuing Order:	
3. Authority of Order (Citation of Code):	
4. Date of Order (MM/DD/YY):	
XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency:	
of the Emergency.	
2. Description of the Sudden, Unexpected Event:	
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.	
XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.	
LCV-56	
(VII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be	
/ , W = S = S = S = S = S = S = S = S = S =	
1/w/m 9/15/16 There 201	
Signature of Owner/Operator One of Print Name and Title The or Print Name and Title	
a transporting the existence of laws prohibiting the submission of folgo or mislording	
contained in this notification are true, accurate, and complete.	
9/15/14 71 .01	
Signature of Owner/Operator Date Type or Print Name and Title	
Type of 11mm Name and 1 me	